

805 POSTPARTUM AFTER VAGINAL DELIVERY

***ALL ORDERS ARE INACTIVE UNLESS CHECKED; ALL BLANK OR CROSSED - OUT ORDERS ARE INACTIVE ***

DIAGNOSIS / PROCEDURE

☒ Vaginal delivery

☐

ALLERGIES

☒ Discontinue all previous orders

ADMISSION STATUS

☒ Inpatient admission status

PATIENT REQUIRES

☒ Postpartum unit

VITAL SIGNS

☒ Vital signs q15 min X 1 hour after delivery, then
q 30 min X 1 hour, then q 4 hr or more frequently
as clinically indicated X 24 hrs, then q shift if WDL

DIET

☒ Regular diet as tolerated

ACTIVITY

☒ Up once with assistance; then up ad lib if stable and
may shower PRN

NURSING ORDERS

☒ Ice pack to breasts PRN if not breast feeding

☒ Snug-fitting bra to be worn PRN if not breast
feeding

☒ Lanolin to nipples PRN if breastfeeding

☒ Sitz baths for first 24 hr after delivery PRN

☒ Ice pack to perineum PRN

☒ Tucks topically PRN hemorrhoid discomfort (may
leave at bedside)

☒ Firm fundal massage and assessment of fundus,
lochia and clots q15 min X1 hr after delivery,
then q30 min X1 hr, then q4 hr or more
frequently as clinically indicated X12 hrs, then
q shift if WDL

☒ I&O q shift until IV dc'd

☐ Daily weights

☒ Dc Foley catheter 12–24 hrs post-op

☒ Bladder scan if unable to void after 6 hrs

☒ May straight cath if residual >200 ml

☒ May straight cath q 4 – 6 hr PRN

☒ Place Foley if straight cath X3; notify MD

DVT PROPHYLAXIS ♦

☐ Sequential stockings; dc when ambulating

☐ Graduated elastic stockings

IV FLUIDS

☒ Decrease mainline IV rate to 100 ml/hr after delivery
prior to increasing oxytocin infusion rate

☒ May saline lock after second bag of oxytocin
infused if pt afebrile, fundus firm, flow light to
moderate, no clots, and taking PO fluids well

☒ May dc saline lock 12 hr after delivery if patient
afebrile, fundus firm, and taking PO fluids well
unless otherwise ordered by MD

LABORATORY

☒ CBC without differential in a.m. if at least 8 hr
After delivery

☐ CBC without differential 12 hr after delivery

☐ CBC without differential 24 hr after delivery

☒ RHHDN/RHOGAM if mother is Rh-negative, to
be ordered by postpartum nurse caring for
mother

BLOOD BANK

☒ Rho (D) immune globulin (RHOGAM) if mother
is Rh-negative and baby is Rh-positive

•**Attention:** if product is not necessary according
to blood bank it is to be cancelled by blood bank

MEDICATIONS

☒ Max dose of acetaminophen not to exceed
3.2 g/24h

PATIENTS WITH NO IV ACCESS

Oxytocin

☐ 10 units IM at delivery if no IV access

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PATIENTS WITH IV ACCESS

Oxytocin

- All patients are to receive a minimum of 2 bags of oxytocin unless otherwise ordered by MD/CNM
- ☐ Patient is low risk and is to receive 1 bag of oxytocin
- ☐ Assess for further medication needs prior to end of bag of oxytocin.
- ☐ May saline lock if fundus firm, lochia light to moderate with no clots, prior to transfer to postpartum unit
- ☐ 15 units in 250 ml NS to run at 350 ml/hr/ infusion pump, secondary line, until fundus firm and heavy bleeding and clots stop
- ☐ May increase per MD/CNM order as clinically indicated
- ☐ May decrease to 50 ml/hr when fundus firm, flow light to moderate and no clots (150 ml/hr total IV fluids)
- ☐ Infuse at 350 ml/hr/infusion pump and notify MD/CNM promptly if fundus boggy, flow heavy, or clots
- ☐ IV oxytocin must be transferred to postpartum unit on an infusion pump

FOR EXCESSIVE BLEEDING

methylergonovine (METHERGINE)

- ☐ 0.2 mg IM once PRN if excessive bleeding and maternal BP <140/90; contraindicated if history of hypertension or pre-eclampsia, even if normotensive now; notify MD

carboprost (HEMABATE)

- ☐ 250 mcg IM once PRN if excessive bleeding, unless asthmatic; notify MD

misoprostol (CYTOTEC)

- ☐ 600 mcg PR once PRN only for uterine hemorrhage; notify MD
- ☐ 800 mcg PR once PRN only for uterine hemorrhage; notify MD
- ☐ 1000 mcg PR once PRN only for uterine hemorrhage; notify MD

ANTICOAGULATION / DVT PROPHYLAXIS ♦

heparin

- ☐ 5,000 unit subq q8 hr
- ☐ 5,000 unit subq q12 hr

enoxaparin (LOVENOX)

- ☐ 40 mg subq once daily
- ☐ 30 mg subq twice a day

ANALGESICS

ibuprofen

- ☐ 600 mg PO every 6 hours PRN cramping
- ☐ 800 mg PO every 8 hours PRN cramping

FOR MILD PAIN (PAIN SCALE 1-3)

acetaminophen (TYLENOL)

- ☐ 325 mg PO every 4 hours PRN mild pain

FOR MODERATE PAIN (PAIN SCALE 4-6)

acetaminophen (TYLENOL)

- ☐ 650 mg PO every 4 hours PRN moderate pain

or

oxycodone-acetaminophen 5-325 (PERCOCET)

- ☐ 1 tablet PO every 4 hours PRN moderate pain; if acetaminophen ineffective

or

hydrocodone-acetaminophen 5-500 (VICODIN)

- ☐ 1 tablet PO every 4 hours PRN moderate pain if allergic/unable to tolerate oxycodone; or if acetaminophen ineffective

FOR SEVERE PAIN (PAIN SCALE 7-10)

oxycodone-acetaminophen 5-325 (PERCOCET)

- ☐ 2 tablets PO every 4 hours PRN severe pain

hydrocodone-acetaminophen 5-500 (VICODIN)

- ☐ 2 tablets PO every 4 hours PRN severe pain if allergic/unable to tolerate oxycodone

ANTIEMETICS (CHOOSE ONLY ONE)

ondansetron (ZOFTRAN)

- ☐ 4 mg IV every 6 hours PRN nausea/vomiting

metoclopramide (REGLAN)

- ☐ 10 mg IV every 6 hours PRN nausea/vomiting

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LAXATIVES

docusate sodium (COLACE)

☐ 100 mg PO 2 times a day PRN constipation

bisacodyl (DULCOLAX)

☐ 10 mg suppos PR once PRN constipation if COLACE ineffective, but not if 4th degree laceration

glycerin rectal suppository

☐ Daily PRN if COLACE ineffective, but not if 4th degree laceration

ANCILLARY MEDICATIONS

☒ Tdap screening and immunization with consent☒ PPV/flu screening and immunization with consent☒ MMR screening and immunization with consent

Magnesium hydroxide (MILK OF MAGNESIA)

☐ 30 ml PO once only PRN constipation, if other treatments ineffective

prenatal multivitamin

☐ 1 tab PO once a day

acetaminophen

☐ 650 mg PO q 4 hr PRN fever >100.4 F

ADDITIONAL ORDERS

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Diamond (♦) denotes core measure order requirement

**** THE FOLLOWING IS REQUIRED ****

Ordering Physician Signature

Date Time